



Docket No. 740756-1717-*740756*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
Shunpei YAMAZAKI)
Serial No. 08 926,592) Examiner: Evan T. Pert
Filed: September 9, 1997) Group Art Unit: 2829
For: LAYER METHOD FORMING METHOD) Confirmation No. 7227

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on July 21, 2003.

Bonnie L. Garaffi
Name: Bonnie L. Garaffi

REQUEST FOR ACKNOWLEDGMENT OF
INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

An Information Disclosure Statement with Form PTO-1449 was filed in the above-identified patent application on June 3, 2003. Applicants have not yet received back from the Examiner a copy of the Form PTO-1449 initialed to acknowledge the fact that the Examiner has considered the cited disclosed information.

The Examiner is requested to initial and return to the undersigned a copy of the subject Form PTO-1449.

Should there be any questions concerning this communication, please telephone the undersigned at the number set forth below.

Respectfully submitted,

Jeffrey L. Costella
Jeffrey L. Costella
Registration No. 35,483

Nixon Peabody LLP

Approved for use through 10/31/2002. OMB 0651-0031

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**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Complete if Known

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| Application Number | 08/926,592 |
| Filing Date | September 9, 1997 |
| First Named Inventor | Shunpei YAMAZAKI |
| Group Art Unit | 2813 |
| Examiner Name | Evan Pert |
| Attorney Docket Number | 740756-1717 |

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of

U.S. PATENT DOCUMENTS

| Examiner Initials ¹ | Cite No. ¹ | U.S. Patent Document | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
|-----------------------------------|--------------------------|--|--------------------------------|--|---|
| | | Number - Kind Code ² (if known) | | | |
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